

## Maricopa County Department of Public Health

Request for Certified Copy of **ARIZONA BIRTH CERTIFICATE** – In Person Application WARNING: False Application for a Birth Certificate is a Punishable Offense A VALID GOVERNMENT PHOTO ID IS REQUIRED

\$20 – PER CERTIFIED COPY (1950-Present) \$30 - PER CORRECTION, AMENDMENT & COURT ORDER (1997-PRESENT) Cash, Money Order, Cashier's Check,

Visa, MasterCard ONLY

	Today's Date	# of copies	*Payment Method	Purpose of Reques	<del></del>	
Ę					_	OFFICE USE ONLY
Birth Certificate Information	Name on Certificate: First	Middle	Last	Date of Birth	Gender	State File Number
	Town/City of Birth	County	Hospital		Request ID	
) Certifica	Mother's First Name	//AIDEN Date o	f Birth State (if US) or	Country of Birth	Date Entered	
Birth	Father's First Name	Middle L	ast Date o	f Birth State (if US) or	Country of Birth	Date Issued
Person Requesting Certificate	Applicant's Full Name - Printe	ed	Applicant's Sign	ature - Required		Serial Number
ing Ce						Serial Number
adnest	Mailing Address Stree	et	City	State -	Zip Code	Serial Number
on Re	Relationship to Person on Cer	rtificate	Daytime Phone	Number		
Pers	Provide initials to accept t	Receipt Number				
ation	Gov't Issued ID (OFFICE USE ONLY)					
Verification	Documents Verified (OFFICE USE ONLY)		**p	ROOF of relationship MUST	be provided if you are	NOT named on the Certificate
	Request fo	or Certified Copy of A False Application	ty Department of F RIZONA BIRTH CERTIFICA for a Birth Certificat	ATE – In Person Application is a Punishable Offe	on <b>\$30</b> – PER <b>nse</b> CO	REV 04/2014  CERTIFIED COPY (1950-Present) CORRECTION, AMENDMENT & URT ORDER (1997-PRESENT) h. Money Order, Cashier's Check.



(OFFICE USE ONLY)

## A VALID GOVERNMENT PHOTO ID IS REQUIRED

Visa, MasterCard ONLY

	Today's Date	# of copie	es *Pay	ment Method	Purpose of Request		
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Name o	n Certificate:	First	Middle	Last	Date of Birth	Gender	State File Number
Name of Town/Ci	ity of Birth		County	Hospital			Request ID
Mother'	's First Name	Middle	MAIDEN	Date of Birth	State (if US) or (	Country of Birth	Date Entered
Father's	First Name	Middle	Last	Date of Birth	State (if US) or 0	Country of Birth	Date Issued
Applicar  Mailing  Relation	Applicant's Full Name - Printed			Applicant's Signature - Required			Serial Number
ا ک <u>ا</u> سے							Serial Number
Mailing	Address	Street		City	State	Zip Code	 Serial Number
Relation	Relationship to Person on Certificate			Daytime Phone Number			
Pro	Provide initials to accept the certified copy 'As Is' (Births from 1950-						Receipt Number
Gov't Issue (OFFICE US							
Documents	s Verified						